Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Planned Parenthood Votes	
	C C00489799
Check if 24-hour report X 48-hour report New report X Amends report filed	on 08 29 2014
Full Name of Payee	Date of Public Distribution/Dissemination
Planned Parenthood Action Fund Inc.	08 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 434 West 33rd Street	Amount
City State Zip Code	1200.00
New York NY 10001	Transaction ID : B510987 Date of Disbursement or Obligation
Purpose of Expenditure Predictive dialer minutes for volunteer phonebanks Category/ Type 004	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District:
Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Planned Parenthood Action Fund Inc.	08
Mailing Address 434 West 33rd Street	00 14 2014
	Amount
City State Zip Code	95.10
New York NY 10001	Transaction ID : B510986 Date of Disbursement or Obligation
Purpose of Expenditure List rental Category/ 004	M - M / D - D / Y - Y - Y
Type 004	08 14 2014
Name of Federal Candidate Support Office	e Sought: House District:
Thom Tillis Oppose	President State: NC State: NC
Calendar Year-To-Date Per Election for Office Sought Disbute 2014	
	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	1295.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mount with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
Aletheia Henry [Electronically Filed] Date	09
Signature	

1mage# 14970746111 PAGE 2 / 12

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC' 5 'F9 DCF H Ž G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: SE Transaction ID:

This report is being amended to disclose an additional cost that was omitted in error from the report filed 8/29/14.

Form/Schedule: Transaction ID:

Schedule E)	PAGE 3 OF 12 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Planned Parenthood Votes	C C00489799
Check if 24-hour report X 48-hour report New report X Amends rep	port filed on 08 29 2014
Full Name of Payee Planned Parenthood Action Fund Inc.	Date of Public Distribution/Dissemination
Mailing Address 434 West 33rd Street	08 19 2014 Amount
City State Zip Code	55.17
New York NY 10001	Transaction ID : B510988 Date of Disbursement or Obligation
Purpose of Expenditure List rental Category/ Type 004	M M / D D / Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District:
Thom Tillis Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 367691.93	Disbursement For: Primary
Full Name of Payee Planned Parenthood Action Fund Inc. Mailing Address 434 West 33rd Street	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Zip Code	3740.00
New York NY 10001	Transaction ID : B510989 Date of Disbursement or Obligation
Purpose of Expenditure Predictive dialer minutes for volunteer phonebanks Category/ Type 004	1 08 23 / Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District:
Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 367691.93	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	3795.17
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	···· >
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent party committee) any political party committee or its agent.	
Aletheia Henry [Electronically Filed] Dat	te 09 09 2014
Signature	

Schedule E)	L /(. L(.)	1101120		PAGE 4 OF 12 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Planned Parenthood Votes				C C00489799
Check if 24-hour report X 48-hour report	New repo	ort X Amends	report filed	on 08 29 2014
Full Name of Payee 76 Words				Date of Public Distribution/Dissemination
Mailing Address 1720 Eye Street NW, Ste 550				08 27 2014 Amount
				11100.00
1 '	State DC	Zip Code 20006		11169.66 Transaction ID : B510990 Data of Dishumament or Obligation
Purpose of Expenditure Production of online ads		Category/ Type	004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		X Suppo	ort Office	e Sought: House District:
Kay Hagan		Oppos		President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	3	367691.93	Disbu 2014	ursement For: Primary
Full Name of Payee 76 Words Mailing Address 1720 Eye Street NW, Ste 550				Date of Public Distribution/Dissemination M 08
City	State	Zip Code		22339.34
1 '	DC	20006		Transaction ID : B510991 Date of Disbursement or Obligation
Purpose of Expenditure Production of online ads		Category/ Type	004	08 / 27 / 2014
Name of Federal Candidate		Suppo	ort Offic	e Sought: House District:
Thom Tillis		X Oppos	se	President State: NC State:
Calendar Year-To-Date Per Election for Office Sought		367691.93	Disb 2014	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			······	33509.00
(b) SUBTOTAL of Unitemized Independent Expenditure)s		······ >	
(c) TOTAL Independent Expenditures			······· >	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized			
Aletheia Henry	[Electron	ically Filed]	Date 0	9 09 2014
Signature				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	IDENT EXICION	TOTILO		PAGE 5 OF 12 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼		
Planned Parenthood Votes			С	C00489799		
Check if 24-hour report X 48-hour report	ort New repo	ort X Amends repo	rt filed on 08	29 2014		
Full Name of Payee Analyst Institute LLC			M = M	ic Distribution/Dissemination		
Mailing Address 815 16th Street, NW			08 Amount	27 2014		
City	State	Zip Code		1665.00		
Washington	DC	20006		Transaction ID : B510994 Date of Disbursement or Obligation		
Purpose of Expenditure Testing of online ads		Category/ Type 004	M M 08	27 2014		
Name of Federal Candidate		Support	Office Sought:	House District:		
Kay Hagan		Oppose	President	Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought	, , , , 3	67691.93	Disbursement For: 2014 Other (s	Primary ⊠ General		
Full Name of Payee Analyst Institute LLC			Date of Pub	lic Distribution/Dissemination		
Mailing Address 815 16th Street, NW			Amount	21 2014		
City	State	Zip Code		3335.00		
Washington	DC	20006	Transaction Date of Disk			
Purpose of Expenditure Testing of online ads		Category/ Type 004	08	27 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District:		
Thom Tillis		Noppose Noppose	President	Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		367691.93	Disbursement For: 2014 Other (s	Primary X General Specify) ►		
(a) SUBTOTAL of Itemized Independent Exp	enditures		·	5000.00		
(b) SUBTOTAL of Unitemized Independent E	xpenditures		. •			
				4 4		
(c) TOTAL Independent Expenditures			•	42		
Under penalty of perjury I certify that the inc with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized					
Aletheia Henry	[Electron	ically Filed] Date	09 / 09	2014		
Signature						

Schedule E)	I EXI END	TOTILO		PAGE 6 OF 12 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Planned Parenthood Votes			C	C00489799
Check if 24-hour report X 48-hour report	New repo	ort X Amends repo	ort filed on 08	29 2014
Full Name of Payee The Feldman Group Inc.			M = M	lic Distribution/Dissemination
Mailing Address 508-510 8th St. SE			08 Amount	27 2014
City	State	Zip Code		10333.33
Washington	DC	20003		ID: B510992 pursement or Obligation
Purpose of Expenditure Messaging research		Category/ Type 004	M 08	27 2014
Name of Federal Candidate		Support	Office Sought:	House District:
Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	3	67691.93	Disbursement For: 2014 Other (s	Primary
Full Name of Payee				olic Distribution/Dissemination
The Feldman Group Inc.			M M M 08	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 508-510 8th St. SE				2014
			Amount	
City	State	Zip Code		20666.67
Washington	DC	20003	Transaction Date of Disk	ID: B510993 bursement or Obligation
Purpose of Expenditure Messaging research		Category/ Type 004	M 08	27 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:
Thom Tillis		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	367691.93	Disbursement For: 2014 Other (s	Primary
•				
(a) SUBTOTAL of Itemized Independent Expenditure	9S		•	31000.00
(b) SUBTOTAL of Unitemized Independent Expendit	ures		. •	
(c) TOTAL Independent Expenditures			>	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Aletheia Henry	[Electron	ically Filed] Date	9 09 / 09	2014
Signature				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	IN EXICIO	TOTILO		PAGE 7 OF 12 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Planned Parenthood Votes			C	C00489799
Check if 24-hour report X 48-hour report	New repo	ort X Amends repo	rt filed on 08	29 / 2014
Full Name of Payee Rising Tide Interactive			M = M	olic Distribution/Dissemination
Mailing Address 901 New York Ave NW #470 Ea	st		08 Amount	27 2014
City	State	Zip Code		4819.25
Washington	DC	20001		n ID : B510996 bursement or Obligation
Purpose of Expenditure Online advertising		Category/ Type 004	08	27 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:
Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	3	67691.93	Disbursement For: 2014 Other (Primary
Full Name of Payee Rising Tide Interactive			M = M	blic Distribution/Dissemination
Mailing Address 901 New York Ave NW #470	East		08 Amount	27 2014
City	State	Zip Code		9638.50
Washington	DC	20001		ID: B510997 sbursement or Obligation
Purpose of Expenditure Online advertising		Category/ Type 004	08	/ 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:
Thom Tillis		Noppose Noppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		367691.93	Disbursement For 2014 Other	:
(a) SUBTOTAL of Itemized Independent Expendi	tures		>	14457.75
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•	
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any canon party committee) any political party committee or	lidate or authorized			
Aletheia Henry Signature	[Electron	ically Filed] Date	09 / 09	
-				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	TIONES	PAGE 8 OF 12 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Planned Parenthood Votes		C C00489799
Check if 24-hour report X 48-hour report New rep	ort X Amends report file	ed on 08 / 29 / 2014
Full Name of Payee Community Outreach Group LLC		Date of Public Distribution/Dissemination
Mailing Address 1110 Vermont Ave N.W. #300		09 01 2014
		Amount
City State	Zip Code	5647.75
Washington DC	20005	Transaction ID : B510998 Date of Disbursement or Obligation
Purpose of Expenditure Volunteer recruitment phone banks	Category/ Type 004	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support Off	ice Sought: House District:
Kay Hagan	Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Dis 367691.93	sbursement For: Primary
Full Name of Payee		Date of Public Distribution/Dissemination
Community Outreach Group LLC		09 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1110 Vermont Ave N.W. #300		Amount
City State	Zip Code	22591.00
Washington DC	20005	Transaction ID : B510999 Date of Disbursement or Obligation
Purpose of Expenditure Persuasion phone banks	Category/ Type 004	09 01 / Y Y Y Y Y
Name of Federal Candidate	Support Off	fice Sought: House District:
Kay Hagan	Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	367691.93 Dis	sbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures		28238.75
	•	7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	•	7 7
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Aletheia Henry [Electron	nically Filed] Date	09 09 / 2014
Oigilatul o		

Schedule E)	PAGE 9 OF 12 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Planned Parenthood Votes	C C00489799
Check if 24-hour report X 48-hour report New report X Amends re	eport filed on 08 29 2014
Full Name of Payee Community Outreach Group LLC	Date of Public Distribution/Dissemination
Mailing Address 1110 Vermont Ave N.W. #300	09 01 2014 Amount
City State Zip Code	22591.03
Washington DC 20005	Transaction ID : B511000 Date of Disbursement or Obligation
Purpose of Expenditure Persuasion canvasses Category/ Type 00	04 09 01 7 2014
Name of Federal Candidate Support	Office Sought: House District:
Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 367691.93	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Community Outreach Group LLC Mailing Address 1110 Vermont Ave N.W. #300	Date of Public Distribution/Dissemination M M M O9 O1 O1 2014 Amount
City State Zip Code	5647.75
Washington DC 20005	Transaction ID : B511006 Date of Disbursement or Obligation
Purpose of Expenditure Persuasion events Category/ Type 00	04 09 / 01 / 2014
Name of Federal Candidate Support	t Office Sought: House District:
Kay Hagan Oppose	NO.
Calendar Year-To-Date Per Election for Office Sought 367691.93	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	28238.78
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	····· >
Under penalty of perjury I certify that the independent expenditures reported herein we with, or at the request or suggestion of, any candidate or authorized committee or agen party committee) any political party committee or its agent.	
	pate 09 09 2014
Signature	

Schedule E)	LINDITOTICO	PAGE 10 OF 12 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Planned Parenthood Votes		C C00489799
Check if 24-hour report X 48-hour report	New report X Amends report	filed on 08 29 2014
Full Name of Payee Planned Parenthood Health Systems Ac	tion Fund	Date of Public Distribution/Dissemination
Mailing Address 100 South Boylan Ave.		09 01 2014 Amount
City State	Zip Code	1325.00
Raleigh	27603	Transaction ID : B511001 Date of Disbursement or Obligation
Purpose of Expenditure Volunteer recruitment phone banks	Category/ Type 004	09 / 01 / 2014
Name of Federal Candidate	X Support C	Office Sought: House District:
Kay Hagan	Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		014 ☐ Other (specify) ►
Full Name of Payee		Date of Public Distribution/Dissemination
Planned Parenthood Health Systems Action	n Fund	M M / D D / Y Y Y Y
Mailing Address 100 South Boylan Ave.		09 01 2014
100 South Boylan Ave.		Amount
City State	Zip Code	5300.00
Raleigh NC	27603	Transaction ID : B511002 Date of Disbursement or Obligation
Purpose of Expenditure Persuasion phone banks	Category/ Type 004	09 / 01 / 2014
Name of Federal Candidate	X Support C	Office Sought: House District:
Kay Hagan	Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary X General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		6625.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·······	
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent experience with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.		
Aletheia Henry	[Electronically Filed] Date	09 09 2014
Signature		

,				FOR SE OF FO	RM 24/48	
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION	NUMBER ▼	
Planned Parenthood Votes				C C00489799		
Check if 24-hour report X 48-hour rep	port New repo	ort X Amends repo	ort filed on	08 / 29	2014	
Full Name of Payee	Natana Astisa F	d	Date	of Public Distribution/Disc	semination	
Planned Parenthood Health S	systems Action Fl	ına	Γ	09 / D D / Y	2014	
Mailing Address 100 South Boylan Ave.			Amou	ınt		
City	State	Zip Code	— I		5300.00	
Raleigh	NC	27603		Transaction ID : B511003 Date of Disbursement or Obligation		
Purpose of Expenditure Persuasion canvasses		Category/ Type 004		09 / D D / Y	2014	
Name of Federal Candidate		X Support	Office Sough	nt: House Dist	rict:	
Kay Hagan		Oppose	Presid	ent X Senate St	ate: NC	
Calendar Year-To-Date Per Election for Office Sought	3	67691.93	Disbursemer 2014	nt For: Primary Other (specify) ▶	General	
Full Name of Payee Planned Parenthood Health Sys Mailing Address 100 South Boylan Ave. City	stems Action Fund	Zip Code		of Public Distribution/Dis	semination 2014	
Raleigh	NC	27603		action ID : B511005	ration	
Purpose of Expenditure Persuasion events		Category/ Type 004		of Disbursement or Oblig	2014 Y	
Name of Federal Candidate		X Support	Office Sough	nt: House Dis	trict:	
Kay Hagan		Oppose	Presid	lent X Senate S	tate: NC	
Calendar Year-To-Date Per Election for Office Sought		367691.93	Disbursemen 2014	nt For: Primary Other (specify) ▶	K General	
(a) SUBTOTAL of Itemized Independent Ex	penditures		•	7 7	6625.00	
(b) SUBTOTAL of Unitemized Independent	Expenditures		•	7 1 7		
(c) TOTAL Independent Expenditures			•	7 1 7		
Under penalty of perjury I certify that the ir with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized					
Aletheia Henry	[Electroni	cally Filed] Date	9 09	09 / 2014	Y	
Signature						

PAGE

OF

12

Schedule E)	PAGE 12 OF 12 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Planned Parenthood Votes	C C00489799
Check if 24-hour report X 48-hour report New report X Amends	report filed on 08 / 29 / 2014
Full Name of Payee Planned Parenthood Central NC Action Fund	Date of Public Distribution/Dissemination
Mailing Address PO Box 9194	08 27 2014 Amount
City State Zip Code	200.00
Chapel Hill NC 27515	Transaction ID : B511887 Date of Disbursement or Obligation
Purpose of Expenditure Space rental for production of online advertising Category/ Type	004 08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Suppor	rt Office Sought: House District:
Kay Hagan Oppose	
Calendar Year-To-Date Per Election for Office Sought 367691.93	Disbursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate Suppo	rt Office Sought: House District:
Oppos	
Calendar Year-To-Date	Disbursement For: Primary General
Per Election for Office Sought	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	200.00
(b) SUBTOTAL of Unitemized Independent Expenditures	······ >
(c) TOTAL Independent Expenditures	158984.55
Under penalty of perjury I certify that the independent expenditures reported herein w with, or at the request or suggestion of, any candidate or authorized committee or age party committee) any political party committee or its agent.	
	Date 09 09 2014
Signature	